Appendix A: EnACt Interview Guide

These probes act as a general interview guide for the two facilitators. They are intended for use as a memory aid by staff trained in Cognitive Task Analysis. They are not to be asked verbatim or in order, nor are all necessarily expected.

Introduce and frame the question: We are seeking to understand how family physicians make management recommendations for osteoarthritis of the knee in real-world practice. We'd like to walk through a recent case with you: an adult with early OA (frequent knee pain, perhaps some functional impairment, but not a candidate for replacement), where you provided advice, treatment, or treatment recommendations. Those could include referral to physiotherapy, kinesiology, or other services, but not to a rheumatologist or orthopedist. Don't tell us the patient's name or exact age, just whether it was a man or woman and approximate age. Walk us through it from the time the patient came to your office to when they left, explaining your thinking as you go. Stick to what happened in the actual case, not what you would do in general or what you'd advise a resident to do.

Probes

Decision making

- *Initial predisposition*: Set of questions designed to find out details of the mental processes of FPs when advising a patient with knee OA.
- *Negotiations*: Set of questions designed to understand the negotiations between patient and FPs. How was advice offered? How shared was the understanding, goal-setting, and decision making? How did the physician understand the patient's understanding, motivation, likely actions?

Information

- *Particular cues and additional information sought:* Set of questions designed to understand the particular cues and information FPs seek when advising a patient with knee pain. History? Social factors? Physical exam findings (effusions, etc.)?

Mental model

- Set of questions designed to understand FPs *rules of thumb, perceived expectations, and influence of past cases* when advising a patient with knee OA. May overlap extensively with "Information", above.

Counterfactuals

- Set of questions designed to understand the *consequences of FP's choices*. What if you had advised x, y, or z instead? (Examples like exercises, weight loss or various approaches to it, etc.) What if (cue x) had been different? When might your recommendations been different?

More on the Mental Model

- Set of questions designed after full case exposition to delineate the *FP's macrocognitive model* when facing a patient with knee pain: What do patients want or expect? What actually helps? How to slow progression? How does it improve or worsen?

Appendix B: PaCER Interview Guide

Part 1: Participants initial experience with knee pain and their early encounters with their family physicians about that pain.

Tell us about your first visit to your family doctor with knee pain

> (To be explored: How long after the onset of knee pain, did you seek help? What was the procedure and what questions did your FP ask? Were you refereed for an x-ray? What were the suggestions of the FP? Were you referred to a specialist such as rheumatologist, physiotherapist, etc.? Was there any suggestion with regard to self-management treatments including weight reduction, exercise or education? Were you referred to any website or was you given any educational booklet?)

After seeing the doctor what did you do to help you manage your OA pain?

> (To be explored: information seeking; exercise; weight loss)

How did that go?

> (To be explored: what worked, what didn't, barriers to implementing your self-management strategies)

Tell us about subsequent early visits to your family doctor

> (To be explored: what did you talk about; what did you decide to do)

What could your family doctor do to help you better manage your OA?

Part 2: The tool to help family physicians understand the severity of their patients' OA now and guide treatment; and help patients gauge their progress on self-management actions.

Do you think this tool would be beneficial? In what ways?

Would you be comfortable with filling out your portion of the tool online?

Would you like a print out of the information?

What would you like to see as the outcome of such a tool: your current stage of the disease, treatment options?

What exactly do you need to know about self-management strategies?

What other thoughts do you have about managing your early OA?